

TC 91956

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>9516cm</i>		
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>Y6</i>	<i>956</i>	<i>06/06/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	<i>9/1/01</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here